

Tackling implementation gaps through health policy analysis

Implementing any policy or intervention faces a range of challenges, especially for those seeking to benefit the poorest social groups. Much public health analysis focuses on the technical aspects of good policy design. However, experience shows that it can be more difficult to deal with the political and institutional barriers to implementation than to design new policies and programmes. Predicting and managing these political and institutional factors is essential to make the changes necessary to strengthen equitable health systems. Health policy analysis provides frameworks and tools for investigating these issues, and for tackling them. There are a range of resources in Africa and elsewhere to support this key area of work in health.

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How can health policy analysis contribute to health system development?

Although much is already known about which interventions can improve population health and health equity, and so support health system development in Africa, much less is known about how to ensure interventions are adopted as policies and effectively implemented. For example, evidence shows that insecticide treated bednets and integrated management of childhood illness (IMCI) are both cost-effective strategies that can generate population health gains. Yet bednet coverage remains low and IMCI implementation practice has proved more difficult than expected. The implementation of new financing policies or efforts to decentralise health care management also face significant obstacles.

Health policy analysis (HPA) allows consideration, first, of how and why some problems and issues are prioritized in national and international health policy agendas, and others not. Second, it supports investigation of why national health policies achieve less than expected, perform differently

from what is expected or even fail or, why they succeed in achieving their goals. Box 1 shows one example of such challenges. Policy analysis focuses on understanding the forces that influence why and how policies are initiated, formulated, negotiated, communicated, implemented and evaluated. It starts from the understanding that health policy is brought alive by the ways in which actors, including service providers, patients and community members, translate their understanding of policies into their behaviours and practices. The documents, legislation and guidelines often seen as the end point of 'policy development' are only the starting point. Policy analysis includes consideration of:

- the roles of health policy actors, including implementers and beneficiaries, in policy change;
- how actors use their power in taking forward, blocking or challenging policy implementation;
- the influence of rules, laws, norms and customs (institutions) over the behaviour of actors and stakeholders;
- the influence of global interests and forces over national and local actors.

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Ultimately, such analysis generates necessary political awareness for evidence-based strategic leadership and advocacy to initiate and sustain health system development.

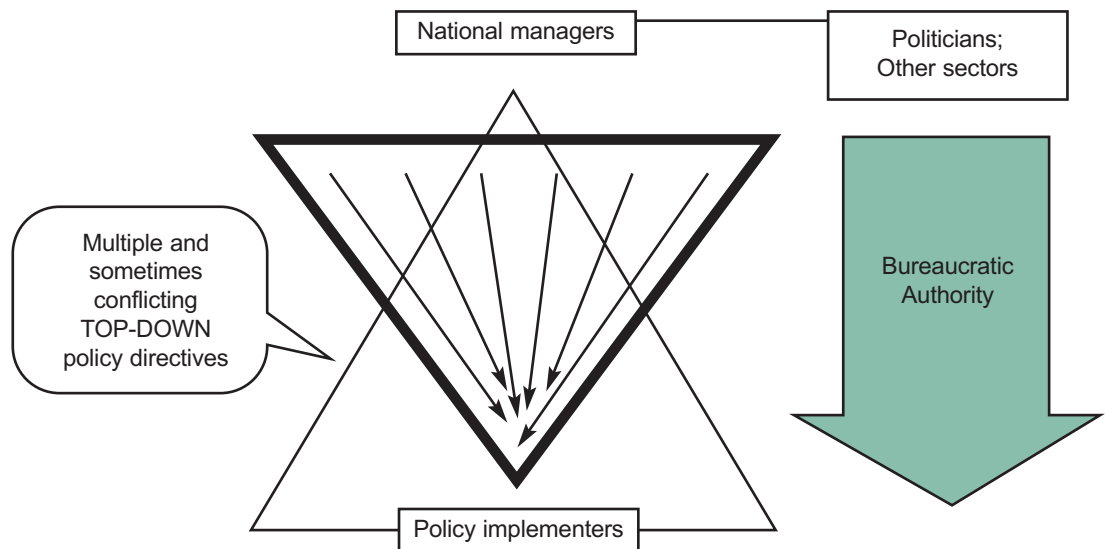
Challenges implementing the Tanzanian Community Health Fund (CHF)

The CHF is a pre-payment health care financing scheme. A range of evaluations show that it has low geographic coverage and low enrolment due to problems with affordability and the poor quality of health care, for example. In addition to problems in the original policy design, policy analysis of implementation experience shows that weak managerial practices contribute to these problems. Despite resource availability, district managers did not carry out necessary activities or respond to community requests and inputs. In part this was because managers were resistant to the rushed top-down way the policy was imposed on districts. This situation is not unusual, and suggests that resources and guidelines are important, but not enough to sustain implementation. Communicating with the people implementing policies is equally necessary to build their support for implementation and to deal with their concerns.

What lessons have been learned from implementing health policy analysis?

Although still rare, existing African health policy analyses demonstrate a range of factors that influence which policy ideas become policy priorities, or underpin implementation problems. These include opposition from powerful groups who fear a loss of power, status or profits due to new policies - as reflected in legal battles between government and pharmaceutical companies over new pharmaceutical policies in South Africa. Equally important for implementation, however, are the ways that a wide range of other actors and stakeholders, including the public, public sector bureaucrats and health professionals, understand and respond to policy changes. Even when not acting as an organised lobby, individuals in these groups have the power to subvert and undermine implementation efforts. Health workers or managers have, for example, resisted efforts to give community representatives greater decision-

The bottom-up view of policy implementation



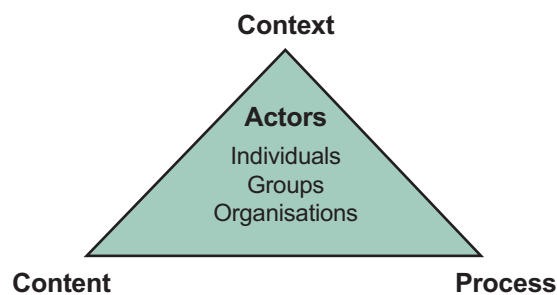
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making authority at local level in Zambia, resisted efforts to re-allocate staff equitably between geographic areas in Cape Town, South Africa and contributed to under-coverage of the Tanzanian Community Health Fund, shown earlier. Such resistance is often related to implementers' experience of being subjected to a confusing array of poorly co-ordinated policy directives imposed from above, shown in the Figure on page 2. Not surprisingly, therefore, new policies often generate unexpected and unwanted impacts. For example, although the removal of user fees in South Africa led to increased utilisation by poorer groups, it also contributed to worsening health worker morale with negative consequences for health worker attitudes and behaviours towards patients (such as turning patients away or stigmatising some patient groups).

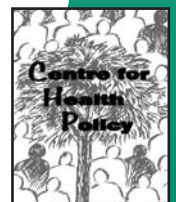
Policies that seek to promote equity are particularly difficult to implement as, in seeking to benefit powerless groups, they challenge the status quo and associated vested interests. Such policies often challenge the common practices and hierarchies within health systems, including decisions over who gets access to health services as well as what types of care are offered to different people and groups. Social powerlessness among poorer groups is also a key constraint on their access to interventions. Weak accountability in health systems is often attributed to unrealistic expectations about the role of community members - especially marginalised community members - in local decision-making structures intended to allow local influence over health. Such learning from applying policy analysis can be used to address and overcome weaknesses that undermine equity in both the development and implementation of policy.

What is involved in analysing health policy?

Health system managers, civil society organisations and advocates, and researchers can all analyse health policy. It generally draws on review of documentary materials and in-depth interviews with key players, but may also include, for example, media analysis, observation (e.g. of policy committees) and more structured interviews. Insider knowledge of the policy process of focus can be very useful. But as one actor only has a partial view of any policy experience, it is always important to gather different perspectives and to compare and contrast them before making interpretive judgements about any policy experience.



A range of analytical frameworks can help support these interpretive judgements. The Walt and Gilson policy analysis triangle points to the importance of interactions between actors, contextual features, processes, and policy content features. Policy characteristics' analysis, meanwhile, focuses on examining the distribution of the costs and benefits resulting from specific features of policy content across different actors. This distribution will, in turn, influence balance of actor support and opposition around the policy. Stakeholder analysis is also often used to examine actor interests and positions on a new policy, and their power to influence over policy change. Other conceptual frameworks highlight the range of contextual features to consider, the nature and sources of power relevant to policy change and, for example, key features influencing policy implementation.



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Policy analysts face various challenges. Decision-making processes are complex and change over time; decisions emerge in unpredictable and often unobservable ways; and new actors and new ways of engaging among actors develop over time. It can be difficult to access policy actors for interview, obtain relevant documentation and information, or conduct observations that reveal hidden forces, such as practices of power. Analysts ultimately, moreover, must make interpretive judgements that can appropriately be contested. In being rigorous, policy analysts must act with integrity, recognise the limits and weaknesses of their evidence and arguments, and invite others to critique and respond to those arguments.

When is it useful to use policy analysis?

Policy analysis is a useful approach for those seeking to advance the changes needed for redistributive health systems. It can be used within three of the main stages of every policy process.

- Firstly, it can be used by lobbyists and advocates who are seeking to place a particular policy idea or issue on the agenda of policy makers. By assessing who might support or oppose the idea, and why, policy analysis can provide the basis for advocacy and lobbying strategies.
- Secondly, it is an important tool for strategic management. Even after an issue has been formalised in written policy, senior managers may still need to lobby for the budget commitments to implement the policy. Those managing change may find it helpful in identifying who within and across organizations may enable or resist change, as well as what other factors may affect implementation, including the political factors that influence change.
- Thirdly, policy analysis provides an important approach for evaluation,

enabling researchers and managers to identify lessons from experience and use these in future strategies for policy change.

However, policy analysis should not only evaluate past experience of policy change; it should also contribute to providing information for future policy processes. In other words, such analyses must always be fed back into policy debate, generating shared ideas of ways to strengthen future policy change.

References and resources

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5. Walt G and Gilson L (1994) 'Reforming the health sector in developing countries: the central role of policy analysis,' *Health Policy and Planning* 9(4): 353-370.

A broader range of relevant research reports and material on analytical approaches are also available from the websites of:

EQUINET: <http://www.equinet africa.org>

The Centre for Health Policy:

<http://web.wits.ac.za/Academic/Centres/chp/>

The Overseas Development Institute:

<http://heapol.oxfordjournals.org/>

The Implementing Policy Change web site:

http://www.usaid.gov/our_work/democracy_and_governance/publications/ipcindex.html

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